

04-09-02

JC05 Rec'd PCT/PTO 08 APR 2002

PCT

PATENT



Applicant's Docket No. 1576.100

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Inventor: application of: Tomoya HIDAKA et al.

Application No.: 10/089,131

Group No.: N/A

Filed: 03/25/2002

Examiner: N/A

For: PHENOL COMPOUNDS AND RECORDING MATERIALS USING THE SAME

Box Patent Application
Assistant Commissioner for Patents
Washington, D.C. 20231

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Date of Deposit 8 April 2002

I hereby state that the following *attached* paper or fee

- Amendment Transmittal
- Preliminary Amendment
- Express Mail Certificate and Post card

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Lia H. Costello, LA

Signature of person mailing paper or fee

X



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: HIDAKA et al., Tomoya

Application No.: 10/089,131

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AMENDMENT TRANSMITTAL

1. Transmitted herewith is an amendment for this application.

STATUS

2. Applicant is other than a small entity.

EXTENSION OF TERM

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply. Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

CERTIFICATE OF MAILING/TRANSMISSION (37 C.F.R. 1.8(a))

I hereby certify that, on the date shown below, this correspondence is being:

MAILING

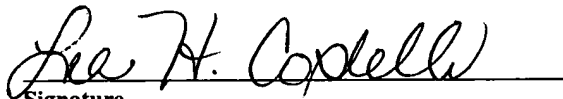
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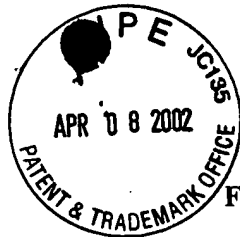
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Signature

Lia H. Costello, Legal Assistant
(type or print name of person certifying)

(Amendment Transmittal—page 1 of 2)

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FEE FOR CLAIMS

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4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

(Col. 1)		(Col. 2)		(Col. 3)	OTHER THAN A SMALL ENTITY	
Claims Remaining After Amendment		Highest No. Previously Paid For		Present Extra	Rate	Addit. Fee
Total	6	Minus	20	= 0	x \$18 =	\$0
Indep.	6	Minus	6	= 0	x \$80 =	\$0
First Presentation of Multiple Dependent Claim					+ \$270 =	\$0
					Total Addit. Fee	\$0

- * If the entry in Col. 1 is less than the entry in Col. 2, write "O" in Col. 3,
 - ** If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 1) is less than 20, enter "20".
 - *** If the "Highest No. Previously Paid For" IN THIS SPACE (Column 2, Row 2) is less than 3, enter "3".
- The "Highest No. Previously Paid For" (Total or Indep.) is the highest number found in the appropriate box in Col. 1 of a prior amendment or the number of claims originally filed.

No additional fee for claims is required.

FEE DEFICIENCY

5. If any additional extension and/or fee is required, charge Account No. 13-1992.
If any additional fee for claims is required, charge Account No. 13-1992.

Date:

4/8/02


Signature of Practitioner

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Customer No.: 24040

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